

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Territory: VIRGIN ISLANDS

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy

- | | |
|----------------|---|
| 42 CFR 436.110 | 1. All recipients of OAA, AB, APTD, AABD, and AFDC: this includes all individuals who are essential persons under the State plan and who could be recipients if the State plan were as broad as permitted for Federal financial participation. Also included are groups checked below which are covered under the approved State plan for financial assistance. |
|----------------|---|

— AFDC pregnant women with no other eligible children.

DSW

X AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for OAA, AB, APTD, AABD and AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

The definitions of blindness in terms of ophthalmic measurement and of permanent and total disability used in this plan are specified in Supplement 2 to ATTACHMENT 2.2-A.

TN No. 91-6
Supersedes
TN No. 87-1

Approval Date FEB 03 1992

Effective Date OCT 01 1991

HCFA ID: 7984E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 2
OMB No.: 0938-

Territory: VIRGIN ISLANDS

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

DH

A. Mandatory Coverage - Categorically Needy (Continued)

42 CFR 436.111
1902(a)(17)(D)
of the Act

2. a. Individuals denied AFDC because of policies requiring the deeming of income and resources from certain persons not included as financially responsible relatives under section 1902(a)(17)(D) of the Act:
- (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
 - (2) Grandparents;
 - (3) Legal guardians;
 - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent); and
 - (5) Siblings.
- b. Individuals denied AFDC because of the involuntary inclusion of all eligible siblings in the home as members of the AFDC filing unit.

TN No. 91-6
Supersedes 86-3
TN No. 86-3

Approval Date FEB 03 1992

Effective Date OCT 01 1991

HCFA ID: 7984E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 3
OMB No.: 0938-

Territory: VIRGIN ISLANDS

Agency* Citation(s) Groups Covered

DH

A. Mandatory Coverage - Categorically Needy (Continued)

42 CFR 436.112

3. Individuals who would be eligible for OAA, AB, APTD, AABD, or AFDC, except for the increase in OASDI benefits under P.L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving OAA, AB, APTD, or AFDC in August 1972.

X Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

— Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

— Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

42 CFR 436.114

4. Deemed Recipients of AFDC

a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

— b. Participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program.

TN No. 91-6
Supersedes
TN No. 86-3

Approval Date FEB 03 1992

Effective Date OCT 01 1991

HCFA ID: 7984E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 4
OMB No.: 0938-

Territory: VIRGIN ISLANDS

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

A. Mandatory Coverage - Categorically Needy (Continued)

- | | | |
|-----|---|--|
| DSW | 402(a)(22)(A) of the Act | c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds. |
| DH | 406(h) and 1902(a)(10)(A)(i)(I) of the Act | d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act. |
| DH | 1902(a) of the Act | e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act. |
| | 407(b), 1902(a)(10)(A)(i) and 1905(m)(1) of the Act | f. Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed. |
| DH | 42 CFR 436.116 | 5. Families terminated from AFDC solely because of increased earnings or hours of employment, provided the family received AFDC in at least three months during the six-month period immediately preceding the month in which ineligibility began and provided that one member of the family is employed throughout the period specified in the next sentence. Medicaid is provided for four calendar months beginning with the month AFDC is terminated or, if AFDC is terminated retroactively, with the first month in which AFDC was erroneously paid. |

TN No. 91-6
Supersedes 86-3
TN No. 86-3

Approval Date FEB 03 1992

Effective Date OCT 01 1991

HCFA ID: 7984E

State Plan Under Title XIX of the Social Security ActTerritory: Virgin Islands**Coverage & Conditions of Eligibility**

Citation(s)	Groups Covered
1902(a)(10)(A)(I)(IV) and 1902(1)(1)(A) and (B) of the Act	<u>A. Mandatory Coverage- Categorically Needy & and Other Required Special Groups(continued)</u>
<i>Not Applicable</i>	8. Pregnant women and infants under 1 year of age with family incomes up to 133 % of the Federal poverty level who are described in section 1902(a)(10)(A)(I)(IV) and 1902 (1)(1)(A) and B of the Act. The income level for this group is specified in Supplement to Attachment 2.6-A
1902(a)(10)(A)(I)(IV) and 1902(1)(1)(C) of the Act.	The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State Plan, State Legislation or State Appropriations As of December 19, 1989.
<i>Not Applicable</i>	9. Children:
1902(a)(10)(A)(1)(VII) and 1902(1)(1)(D) of the Act.	a: who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
	b: born after September 30, 1983 who have attained 6 years age but have not attained 19 years of age, with family incomes at or below 100 % of the Federal poverty levels.
	Children born after (specify optional earlier date) who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 % of the Federal poverty levels.

Income Levels for these groups age specified in Supplement 1 to Attachment 2.6A.

TN# 98-01
 Supersedes
 TN# **New**

Approval Date SEP 17 1998
 Effective Date APR 1 1998

OFFICIAL

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Virgin Islands

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy (Continued)

1902(a)(10)
(A)(i)(III)
and 1905(n)
of the Act

6. Qualified pregnant women and children.

a. A pregnant woman whose pregnancy has been medically verified who--

(1) Would be eligible for an AFDC cash payment (or who would be eligible if the State had an AFDC unemployed parents program) if the child had been born and was living with her;

(2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or

(3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)
(A)(i)(III) and
1905(n) of the
Act

b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Children who are born after

(Specify optional earlier date)
who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

TN No. 92-1
Supersedes
TN No. 91-6

Approval Date AUG 13 1992 Effective Date JUN 30 1992

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Virgin Islands

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

1902(e)(5)
of the Act

7. A woman who, while pregnant, was eligible and applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance for a 60-day period (beginning on the last day of pregnancy) and for any remaining days in the month in which the 60th day falls.

TN No. 92-1
Supersedes 91-6
TN No. 91-6

Approval Date AUG 13 1992

Effective Date JUN 30 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Virgin Islands

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	<u>A. Mandatory Coverage - Categorically Needy (Continued)</u>
1902(e)(4) of the Act	8. A child born to a woman who is eligible for and receiving Medicaid on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would have remained eligible if still pregnant and the child remains in the same household as the mother.
1902(e)(6)	9. A pregnant woman who would otherwise lose eligibility during the pregnancy or the postpartum period because of an increase in income.
	<u>B. Optional Groups Other Than the Medically Needy</u>
42 CFR 436.210	<u>X</u> 1. Individuals described below who meet the income and resource requirements of OAA, AB, APTD, AABD, or AFDC, but who do not receive cash assistance. <u>X</u> The State covers all individuals as described above. — The State covers only the following group or groups of individuals: — Aged — Blind — Disabled — Caretaker relatives — Pregnant women
1902(a)(10) (A)(ii) and 1905(a) of the Act	
42 CFR 436.211	<u>X</u> 2. Individuals who would be eligible for OAA, AB, APTD, AABD, or AFDC, if they were not in a medical institution. <u>X</u> The State covers all individuals as described above.

TN No. 92-1
Supersedes 91-6
TN No. 91-6

Approval Date AUG 13 1992 Effective Date JUN 30 1992

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 9
OMB No.: 0938-

Territory: VIRGIN ISLANDS

Agency* Citation(s)

Groups Covered

B. Optional Groups Other than Medically Needy (Continued)

1902(e)(2) ☒
of the Act,
P.L. 99-272
(Sec. 9517)
and P.L.
100-203
(Sec. 4113(d))

4. The State deems as eligible those individuals who become otherwise ineligible for Medicaid while enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in sections 1903(m)(2)(B)(iii), (E), or (G) or section 1903(m)(6) of the Act., but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C) of the Act.

The minimum enrollment period is _____ (not to exceed six months).

The State measures the minimum enrollment period from:

- ☒ The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.
- ☐ The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

TN No. 91-6
Supersedes 86-3
TN No. 86-3

Approval Date FEB 08 1992

Effective Date OCT 01 1991

HCFA ID: 7984E

OFFICIAL

Revision: HCFA-PM-91-10 (MB)
DECEMBER 1991

ATTACHMENT 2.2-A
Page 9a

State/Territory: Virgin Islands

Agency*	Citation(s)	Groups Covered
1634(d) of the Act	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>	
	24. Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.	
	— The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.	
	— In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.	
	— In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in § 1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.	
	— In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual.	

Not Applicable

*Agency that determines eligibility for coverage.

TN No. 91-8
Supersedes
TN No. New

Approval Date FEB 21 1992

Effective Date DEC 31 1991